

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**NMOCD**  
**Hobbs**

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC061873
2. Name of Operator DEVON ENERGY PRODUCTION CO, LP		6. If Indian, Allottee or Tribe Name
3a. Address 333 W. SHERIDAN OKLAHOMA CITY, OK 73102		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 405-228-8429		8. Well Name and No. COTTON DRAW UNIT 251H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 7 T25S R32E NENW-250FNL 1600FWL		9. API Well No. 30-025-42590
		10. Field and Pool, or Exploratory PADUCA
		11. County or Parish, and State LEA COUNTY, NM

**HOBBS OCD**  
**FEB 08 2016**  
RECEIVED

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Drilling Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

(12/9/15 ? 12/12/15) Spud @ 13:00. TD 17-1/2? hole @ 809?. RIH w/ 18 jts 13-3/8? 54.5# J-55 BTC csg, set at 809?. Lead w/ 1065 sx CIC, yld 1.34 cu ft/sk. Disp w/ 118 bbls displacement. Circ 128 bbls cmt to surf. PT BOPE @ 250/3000 psi, held each test 10 min, OK. PT csg to 1500 psi for 30 min, OK.

(12/14/15 ? 12/15/15) TD 12-1/4? hole @ 4400?. RIH w/ 104 jts 9-5/8? 40# HCK-55 BTC csg, set @ 4400?. Lead w/ 915 sx CIC, yld 1.87 cu ft/sk. Tail w/ 430 sx CIC, yld 1.33 cu ft/sk. Circ 90 bbls cmt to surf. PT csg to 2765 psi for 30 min, OK.

(12/22/15 ? 12/25/15) TD 8-3/4? hole @ 12,969?. RIH w/ 301 jts 5-1/2? 17# P110RY CDC-HTQ csg, set @ 12,969?. 1st lead w/ 340 sx CIC, yld 3.33 cu ft/sk. 2nd lead w/ 145 CIC, yld 2.25 cu ft/sk. Tail w/ 1072 sx CIC, yld 1.20 cu ft/sk. Disp w/ 289 bbls FW. ETOC 3667?. RR @ 15:00.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #328416 verified by the BLM Well Information System For DEVON ENERGY PRODUCTION CO, LP, sent to the Carlsbad</b>	
Name (Printed/Typed) REBECCA DEAL	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 01/13/2016
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>	
Approved By _____	Title _____ Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office _____

**ACCEPTED FOR RECORD**  
JAN 25 2016  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

APR 04 2016